

**Special Nutrition Programs
Child and Adult Care Food Program
Letter to Parents**

Dear Parent/Guardian:

The _____ participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to children in our program. This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please contact us for additional information if you have a foster child enrolled in our program.

If you participate in the Supplemental Nutrition Assistance Program (SNAP) then you need to only list your SNAP case number. In addition, you must complete Section 5 of the form including all required information with signature, last 4 digits of the Social Security Number of an adult household member, and date form was completed.

If a SNAP case number is not reported, you must complete Section 4 and Section 5 on the eligibility statement. Section 4 should include the names of all household members and the total current household income by source. Section 5 must include all required information with signature, last 4 digits of the Social Security Number of an adult household member, and date form was completed.

USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your household size on the chart below, the center will receive a higher level of reimbursement.

You are required to notify us if there is a change in household size or an increase in income that exceeds \$50 per month or \$600 per year. If you list a SNAP stamp case number, you must notify us when you no longer receive food stamps. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

In the operation of child feeding programs, no person will be discriminated against because of race, color, sex, age, disability, or national origin.

There is to be no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing to USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). Individuals that are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)

Thank you for your cooperation.

Institution Representative
(NPC-4 Rev. 4/12)

USDA CHILD NUTRITION PROGRAM

INCOME GUIDELINES

July 1, 2012 – June 30, 2013

<u>Household Size</u>	<u>Annual</u>	<u>Monthly</u>	<u>Weekly</u>
1	\$20,665	\$1,723	\$398
2	27,991	2,333	539
3	35,317	2,944	680
4	42,643	3,554	821
5	49,969	4,165	961
6	57,295	4,775	1,102
7	64,621	5,386	1,243
8	71,947	5,996	1,384
each added household member	+7,326	+ 611	+ 141